

PLEASE TYPE OR PRINT

ESTABLISHMENT NUMBER \_\_\_\_\_

**CITY OF HARTFORD**  
**FOOD ESTABLISHMENT LICENSE APPLICATION**

**ESTABLISHMENT**

NAME: \_\_\_\_\_

ESTABLISHMENT ADDRESS: \_\_\_\_\_

OWNER'S NAME: \_\_\_\_\_

OWNER'S HOME ADDRESS: \_\_\_\_\_

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**CLASSIFICATION**

CLASS 1: (\$125.00) \_\_\_\_\_ PACKAGED FOOD ONLY CLASS 2: (\$175.00) \_\_\_\_\_ COLD FOOD PREPARATION

CLASS 3: (\$225.00) \_\_\_\_\_ HOT FOOD PREPARATION CLASS 4 (\$225.00) \_\_\_\_\_ HOT FOOD PREPARATION  
(Individual orders, fast food take out, cook serve operation) (Large volume cooking, hot holding, cooling, re-heating)

HOURS OF BUSINESS OPERATIONS: \_\_\_\_\_ A.M. TO \_\_\_\_\_ P.M. DAYS OF WEEK: \_\_\_\_\_

TYPE OF FOOD ESTABLISHMENT: \_\_\_\_\_ SEATING CAPACITY: \_\_\_\_\_ TAKE OUT: \_\_\_\_\_

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**QUALIFIED FOOD OPERATOR: ALL CLASS 3 AND 4 FOOD ESTABLISHMENTS**

QFO employed: \_\_\_\_\_ Yes \_\_\_\_\_ NO QFO's Name: \_\_\_\_\_

**QFO'S WORK HOURS:** Indicate time of work each day

1<sup>st</sup> Shift: Sun \_\_\_\_\_ Mon \_\_\_\_\_ Tue \_\_\_\_\_ Wed \_\_\_\_\_ Thu \_\_\_\_\_ Fri \_\_\_\_\_ Sat \_\_\_\_\_

2<sup>nd</sup> Shift: Sun \_\_\_\_\_ Mon \_\_\_\_\_ Tue \_\_\_\_\_ Wed \_\_\_\_\_ Thu \_\_\_\_\_ Fri \_\_\_\_\_ Sat \_\_\_\_\_

(i.e. Mon. 9A.M.-12P.M.; Tues 10 A.M.-12 P.M.; Wed 2-4 P.M.)

**PLEASE NOTE: Food licenses will not be renewed nor will the establishment be allowed to operate without QFO compliance and written supporting documentation. A copy of the certificate of the QFO for each food establishments must be provided for each establishment along with this application.**

*I hereby agree to comply with the requirements of Section 19-13-B42 (Sanitation of Places Dispensing Foods and Beverages and Section 19-13-B49 (Catering Food Service) of the public health code of the State of Connecticut, and Section 14 of the Municipal Code of the City of Hartford. I further understand that non-compliance with the requirement of applicable sections of these regulations may result in closure of the establishment and revocation of the license. Premises must be kept sanitary at all times)*

*I further agree to abide by all Federal and State laws prohibiting the sale and use of illegal drugs and alcohol, and understand that if I or any of my employees are arrested for sale or use of illegal drugs in my establishment that such arrest is grounds for immediate revocation of my food license and notification to the State and Federal agencies.*

***This form is not to be construed as a license. License approval is dependent upon Health, Building, and Zoning Department's approvals.***

**This form with remittance must be filed at the Bureau of Licenses and Inspections, Room 304, 550 Main Street, Hartford, CT 06103, (860) 543-8570. Check should be made payable to the "City of Hartford".**

Print

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**OFFICE USE ONLY**

SANITARIAN: \_\_\_\_\_ DATE: \_\_\_\_\_ APPROVED: ( ) NOT APPROVED: ( )

COMMENTS: \_\_\_\_\_